STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: LANCE WEddel	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: p.o. B-4 12 CITY: FRANK FORT	Member of the Senate, District
ZIP CODE: 104138-0012	
PHONE NUMBER: (207) 223-5357	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (I M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

÷		Principal Type of Economic
Name of Employer	<u>Address</u>	Activity of Employer
1. Takoo tamama ta	40c 263 57275-57 Box	ign ffront TI CHIEV
2. MSRS 46 5 TATE	ST. ANGUSTA 64323-607	16 Retirement
3. DFAS - CLEVELAN		ne Time on the
PART II. INCOME DERIVED FROM A. Enter the name and address of your income. If associated with a particle economic activity of that entity.	M SELF-EMPLOYMENT. (For Le	gislators who are self-employed.) cas of economic activity from which you derived or similar business entity, list the major areas of Major Areas of Economic Activity (partnership, association or similar business entity)
2.		
3		100
\$1,000, whichever is greater, and derived such income. If this form	specify the principal type of economic of disclosure is prohibited by law, rule	nts more than 10% of your gross income or activity of the entity or person from whom you e, or an established code of professional ethics, on from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1		
2.		
3. <u>·</u>		
PART III. MAJOR AREAS OF PRA practice. If associated with a law firm, Name and Address of Firm		ttorneys-at-law only.) List your major areas of firm. <u>Major Areas of Practice</u> (firm)
1.		
2		
3		· · · · · · · · · · · · · · · · · · ·

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income	
A. 6- 5 dummes	Banyon	Dividonds	
· -			
11.11.11.11.11.11.11.11.11.11.11.11.11.			
ART V. DISCLOSURE OF RE 3,000 or more that you received dur of list loans from a relative. If none,	ing the reporting period, and list the major a	names of creditors for any unsecured loans of areas of economic activity of each creditor. D	
		Principal Type of Economic	
Name of Creditor	Address of Creditor	Activity of Creditor	
NOME	1. 51.10		
1 - 1884 1884 -			
	•	·	
L MARIE			
egregate value of more than \$300 from L	om a single source. If none, so state. 3.	gift of more than \$300. Include gifts with a	
	4		
	IONORARIA. List the source of any ho	onoraria accepted for appearances or speech	
Nont-	3.		
	N BEFORE STATE AGENCIES. Identi	ify each executive branch agency before which	
•	compensation of any amount. If none, so s	state.	
•	· -	state.	
•	compensation of any amount. If none, so s 3 4	state.	

1	ediate family sold goods or so		2	· ·	
PART X.	INCOME RECEIVED BY	Y MEMBERS OF	IMMEDIATE FAMILY	Y. ·	•
child(ren)	pe of economic activity repreduring the reporting period actived by spouse and (D) be	and the kind of inco	me represented. Do not a	nclude gifts. Indicate	r spouse or dependent (S) beside sources of
<u>Type</u>	of Economic Activity				
<u>Repre</u> : <u>L</u> i	senting Each Source of acome Received		To all	Kind of Income	
1. <u>TAK</u>	senting Each Source of accome Received So Kawam URA +	ASSUC. (5)	13 517 31.	& mg Lo yon-	A HERITHCA
2.					
3					
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4					
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appears Attorne	entional filing of a false that a Legislator has w y General. If the Comm	illfully filed a fa nission determin	lse statement, it shall es that a Legislator b	refer its findings as willfully failed	of fact to the to file a required
interest branch who wil	nt or has willfully filed a on every question and s of the Legislature, and a lfully fails to file a requ	shall be preclude shall not attemp fred statement is	ed from voting on any t to influence the oute s subject to a civil per	y question in com come of any quest	mittee or in either ion. A Legislator
the Stat	e and recoverable in a c	ivil action. (1 M	I.R.S.A. § 1019)	·	
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